

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

RECEIVED

SEP - 7 2018

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

Michael T. Hughes

2018 Hughes v

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Dentist Kahn

1:18-cv-06138

Judge Virginia M. Kendall

Magistrate Judge Michael T. Mason

PC 9

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

*Original*

☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

Reviewed: 8/2013

**I. Plaintiff(s):**

- A. Name: Michael T. Hughes
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 2015 11060 50
- D. Place of present confinement: CCDoc
- E. Address: 26<sup>th</sup> Calumet Ave Chicago IL

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Dentist Kahn  
Title: Dentist  
Place of Employment: CCDoc Div 8 RTU
- B. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_
- C. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Michael T. Hughes V Tom Darts, Et Al # 18-cv-5582
- B. Approximate date of filing lawsuit: August 14, 2018
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Michael T. Hughes
- D. List all defendants: Tom Darts, Class. Lt. Lewis, Deputy Wolfe, Deputy E Romanov
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. District Court, N. District of Ill.
- F. Name of judge to whom case was assigned: Virginia M. Kendall
- G. Basic claim made: Failure to protect through violation of constitutional violation
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): still pending
- I. Approximate date of disposition: August 14, 2018

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.



#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On March 2, 2018 I put in the appropriate medical slips to be seen by DAV & RTU's Dentist Kahn because I was in a recent altercation where I was attacked by multiple detainees causing facial pain and injury to one of my teeth. I was in extreme pain because of this, so much so I was unable to sleep or do much of anything to find relief or comfort. I put in several medical slips expressing my particular situation to no avail from the Cermak Staff. I was able to ascertain an appointment with a nurse to try to address the issue and was given a second "Emergency Dental Referral" where if I have not been seen by the 10<sup>th</sup> day from then I was supposed to drop the "Emergency" form and be seen as priority. I didn't get seen <sup>by</sup> a dentist until weeks after the Secondary Slip and when I was seen I was put on an ineffective pain medication and antibiotics, which I was told that I had to do before I could be given any medical treatment for my medical issue. I was to do the regimen of pain medication and

for a week and come back and do the procedure to have my teeth extracted, I followed all the instructions and took all the medication as provided but when the week was over and the medication was depleted I was consequently rescheduled and pushed back. I did not see the dentist for about a month and a half past the initial complaint my appointments were cancelled twice without explanation. I suffered greatly because of this gross mishandling of medical care, but once I finally saw a Dentist (Kahn) my teeth was extracted without a problem or delay which is interesting because I was not on any antibiotics for about a month plus but this was no issue no for Dentist Kahn. The following is a list of claims of constitutional violations that Dentist Kahn has infringed where my rights are concerned:

1) Deliberate Indifference

2) Gross Medical Negligence

3) Inadequate medical care

4) untimely and delay of serious medical care

5) Emotional pain and suffering because the pain was so serious I contemplated harming myself just to abort it.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I pray for the Honorable court to afford me  
a due penalty and a fair wage, which should be  
awarded in the sum of \$ 250,000 dollars

Thank you

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this August day of 28, 2018

Michael Hughes  
(Signature of plaintiff or plaintiffs)

Michael Hughes  
(Print name)

20151106050  
(I.D. Number)

26<sup>th</sup> California Ave  
Chicago IL 60608  
(Address)



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina Del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE/APEAL FORM**

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

201803307

734260

**INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY**

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

GRIEVANCE ISSUE AS DETERMINED BY CRW:

IMMEDIATE CRW RESPONSE (if applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

**RESPONSE BY PERSONNEL HANDLING REFERRAL**

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

**THIS SECTION IS TO BE COMPLETED BY INMATE!**

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

**INMATE'S REQUEST FOR AN APEAL (Solicitud de Apelación del Preso)****THIS SECTION IS TO BE COMPLETED BY INMATE!**

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.  
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.  
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APEAL: (Fecha de la solicitud de la apelación del preso):

INMATE'S BASIS FOR AN APEAL: (Base del preso para una apelación):

**ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APEAL?**Yes (Si) ☐No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

**THIS SECTION IS TO BE COMPLETED BY INMATE!**

INMATE SIGNATURE (Firma del Preso):

DATE APEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE FORM**

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

**! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !****(! Para ser llenado solo por el personal de Inmate Services !)**

- ☐ Emergency Grievance  
☐ Grievance  
☐ Non-Compliant Grievance

- ☐ Cermak Health Services  
☐ Superintendent: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

**GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT****Your grievred issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.**

The grievred issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievred issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievred issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievred issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievred issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievred issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

**DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA**

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyerismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyerismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -  
DATE OF INCIDENT  
(Fecha del Incidente)REQUIRED -  
TIME OF INCIDENT  
(Horad del Incidente)REQUIRED -  
SPECIFIC LOCATION OF INCIDENT  
(Lugar Especifico del Incidente)REQUIRED -  
NAME and/or IDENTIFIER(S) OF ACCUSED  
(Nombre y/o Identificación del Acusado)

3/15/18 3/12:00pm Live Center Dental Department

I took in a yellow slip 13 days ago about an ongoing dental issue that has caused me great pain for several days because of an altercation that occurred on tier 3-F where I was physically assaulted causing facial injury and oral pain. I still as of this date and after putting in a Secondary Pink Slip I still have not been seen. The pain is still there increasing to the point I can't sleep. I still have not received any medical care for my dental issue.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE : (Firma del Preso):

**SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.**

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



Michael T. Hughes  
20151106050  
Div 8 RTU  
P.O. Box 089002  
Chicago Ill, 60608



09/07/2018-25

1:18-cv-06138  
Judge Virginia M. Kendall  
Magistrate Judge Michael T. Mason  
PC 9

Prison Correspondent  
United States District Court  
219 S. Dearborn Street  
Chicago IL 60604